

**Mission Support Alliance, LLC Market Based Plan
2015 Employee Cost Share**

Medical/Vision Contribution Rates

Level of Coverage	Group Health HMO	
	Bi-Weekly	Monthly
Individual	\$ 87.16	\$188.85
Individual + 1	\$174.32	\$377.70
Individual + more than 1	\$274.56	\$594.87

Level of Coverage	Group Health Access PPO	
	Bi-Weekly	Monthly
Individual	\$ 79.01	\$171.18
Individual + 1	\$158.01	\$342.35
Individual + more than 1	\$248.86	\$539.20

Dental Contribution Rates

Level of Coverage	Delta Dental-Washington Dental Core	
	Bi-Weekly	Monthly
Individual	\$ 4.25	\$ 9.20
Individual + 1	\$ 8.38	\$18.16
Individual + more than 1	\$13.14	\$28.47

Level of Coverage	Delta Dental-Washington Dental Buy - Up	
	Bi-Weekly	Monthly
Individual	\$ 5.77	\$12.50
Individual + 1	\$11.47	\$24.85
Individual + more than 1	\$18.84	\$40.81